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Research Article

Social Exclusion of Older People: A Case Study of Rural South India

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ABSTRACT

Social exclusion of older people is a relevant issue in contemporary India. Under globalization in the present day world, elderly are not provided with car and support from the family and altogether feel socially excluded. Puducherry is not an exception. With a descriptive research design and a semi structured interview schedule, the study is carried on by taking 530 respondents from rural Puducherry. The paper has taken the practical application of theoretical approach of disengagement theory by taking rural older people of Puducherry in context. The finding of the study shows that in rural Puducherry older people are not provided with proper care and familial support with regard to emotion financial and physical support. They are even found to suffer from familial abuse, thereby being socially excluded. The institutional disengagement approach in the Puducherry context depicts the unique dimension of social exclusion of elderly by focusing on three aspects—older people participation and integration in families, the spatial segregation that the elderly face in their homes and inclusive care and support of elderly. This paper is relevant because it shows that social exclusion has many dimensions, where elderly form an important issue worth attention.

Keywords: Social exclusion, Disengagement approach, Inclusive care, Spatial segregation, Participation and integration, Elderly, Rural India

INTRODUCTION

Social exclusion is a multidimensional progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in

which they live. In social excluding communities, weak social networking limits the circulation of information about community events. In relation to social gerontology, there is thus considerable scope for exploring the connections between social exclusion and ageing. The present paper would depict growing marginalization of particular social groups, providing a focus on elderly people, to better understand the dimension of social exclusion of contemporary relevance.

The paper shows how approaches in elderly care should be re-structured to counteract processed of social marginalization in old age. For the analysis of processes of social exclusion in old age, the ageing process is defined on a wide basis ranging from genetic, social and cultural to environmental components. The term 'inclusive care' describes characteristics of approaches in elderly care, which enable processes of social exclusion to be counteracted (Theobald, 2005). According to Government statistics, 49 percent elderly living in the UK experienced exclusion in at least one aspect of their life. From among that 7 percent are excluded in multiple aspects corresponding to 1.1 million elderly. When one speaks about the exclusion of elderly, it is not uniform or follow same category of exclusion among the elderly group. The oldest old, particularly women are more vulnerable to exclusion. The risk of exclusion is more if it is single, never married, widowed and manual occupational background compared to other category of elderly.

It was argued that in Puducherry rural elders have smaller number and narrower range of community based services available to support independent life. It is mostly because rural population in Puducherry is characterized by young generation, eroding traditional family system and networks. Elderly in rural areas have limited access to existing health care, social infrastructure and socioeconomic as well as environmental challenges. There is an issue of exclusion of older people more relevant in contemporary rural situation. The social and economic security of elder people bested in the hands of younger generation. Urbanization and large scale migration for economic reason or changing societies and family system where the family activities which requires more people cooperation is replaced by technology. In the present scenario although family ties in India are still living with their family members, the position of an increasing number of older persons is becoming vulnerable and excluded that they cannot take it granted that their children will be able to look after them when they need care in the old age. So, keeping in view the longer life span which implies an extended period of dependency, aged people are in a critical condition to be worthy of attention (Help Age India, 2002).

SCOPE AND OBJECTIVES

The aging society presents opportunities as well as challenges. Exclusion, ill health and acute needs are not inevitable consequences of ageing. An ageing population with high level of exclusion will have considerable economic and social consequences. This study takes the agricultural setting of rural Puducherry elderly persons suffer from exclusion with regard to social support and care. This study has been carried out by taking descriptive research design and a semi structure interview schedule with 530 respondents in Mannadipet Commune of Puducherry. The indicators taken for measure of social exclusion of elderly people in Puducherry for the present study are living arrangement, social interaction, health status, disability, familial support and familial abuse.

Basically, it is seen that social isolation, lack of access to leisure facilities, health inequalities, lack of social participating and lack of accessible transport resumes the exclusion criteria of elderly. The indicators of measurement of exclusion of older people are social relationship, cultural activities, civic activities, basic services, financial product, material goods (Barnes *et al*., 2006). Taking this as base, the concern study attempts to deal with the concept of exclusion of elderly by a theoretical approach that is institutional disengagement theory. Objectives of the study are as follows:

1. To study and analyse the social exclusion of elderly in rural Puducherry
2. To show the practical application of theoretical approach of disengagement theory taking rural Puducherry in context

DATA ANALYSIS

The study shows the social exclusion situation as a recent issue in rural Puducherry. Here importance give to the familial living arrangements, emotional and familial support provided to elderly, younger people neglected care to the elderly in their home. The study also shows psychological aspects of the rural elderly by giving importance to the abused behaviour rented to them by their family members. With regard to the activities of daily living (ADL), elderly life style behaviour, living arrangement, social activities, recreation, leisure time activities and personal habits, physical mobility status has been given priority. In rural Puducherry, there is no old age home facilities provide by government of Puducherry. More over people are illiterate and ignorant about any such policy and programmes that available for the social support of rural elderly. Therefore, the present study gives an idea about impaired social support of rural elderly in the social exclusion situation that they face in their home. Table 1 shows the living arrangements of the elderly in rural Puducherry.

Table 1: Percentage Distribution of the Elderly by Living Arrangements across their Gender Background

Living Arrangements of Elderly	Sex					
	Male		Female		Total	
	No.	%	No.	%	No.	%
Alone	13	5.0	95	35.1	108	20.4
With Spouse	93	35.9	18	6.6	111	20.9
With Son's Family	74	28.6	99	36.5	173	32.6
With Daughter's Family	21	8.1	29	10.7	50	9.4
With Unmarried Children	53	20.5	20	7.4	73	13.8
With Relatives / Others	5	1.9	10	3.7	15	2.8
χ^2 *– Value; Sig. Level*			**134.209;**	**0.001**		

Note: Percentages for each category of the variables have been calculated by column-wise.
Source: Primary data.

Traditionally, in Indian context, children, especially son(s) have to take care of the elderly by providing co-residence at their home. However, in the recent past, because of disintegration in join family system and more individualization mentality among children, give more freedom to them so as live alone and/or not able to adjust with elderly persons. Further, because of difficulties in housing space, facilities, etc. more and more elderly persons are either living alone or with spouse, and at times even with others. Data provided in Table 1 highlights that patterns of living arrangements among the total sample elderly, one-third of the elderly are living with married son(s), whereas slightly more than one-fifth living with spouse (themselves) only and alone, respectively. On the other hand, 13 percent of them are living with unmarried children followed by one-tenth of them living with married daughter(s) and the remaining few with others like relatives, grandson, granddaughter, friends and neighbours.

Gender differentials in living arrangements are noteworthy. While a simple majority of the women elderly are living with son(s) family followed by living alone, majority of the men elderly are living with spouse only followed by son(s) family. About one-fifth of the men elderly are living with unmarried children. The patterns of other living arrangements across their gender background also vary conspicuously and thereby, the chi-square results in these regard turn out as highly significant (p<0.001). All these figures indicate that co-residence with son, by and large, is the culturally accepted one in the case of women in the absence of their spouse, whereas in the case of men majority would live with spouse only rather than depending upon their children. Moreover, another interesting phenomenon noticed here is that a substantial percent of women are living alone. The elderly suffering with chronic morbidity is shown in Table 2.

Table 2: Percentage Distribution of the Elderly Suffering with Chronic Morbidity

Nature of Chronic Morbidity	Total			
	Yes		No	
	No.	%	No.	%
Lung Problem / Asthma	32	6.0	498	94.0
Diabetes	39	7.4	491	92.6
Blood Pressure	57	10.8	473	89.2
Ulcer or Gastric Problem	29	5.5	501	94.5
Rheumatism / Arthritis	481	90.8	49	9.2
Heart Disease	8	1.5	522	98.5
Skin Disease	25	4.7	505	95.3
Back pain / Slipped Disc	438	82.6	92	17.4
Dental Problem	82	15.5	448	84.5
Frailty / General Weakness	390	73.6	140	26.4

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

Information provided in Table 2 reveals that a simple majority of the elderly is suffering with rheumatism / arthritis problems followed by back pain / slipped disc and frailty / general weakness. A sizeable percent of the elderly is suffering with dental problem and blood pressure. Few elderly are suffering with chronic morbidities like diabetes followed by lung problem / asthma, ulcer / gastric problem and skin disease. Negligible proportions of the elderly are suffering with various other chronic morbidities. As stated earlier, though the prevalence of diseases are did not differ much across gender-wise and age-wise, some differentials in these regard are noteworthy. Table 3 shows the physical care and support of elderly at the time of visiting health centre for seeking medicare to chronic morbidities and Table 4 shows financial help of elderly at the time of visiting health centre for seeking medicare to chronic morbidities.

The sample elderly of the present study have also been asked to state from whom—nobody (self), spouse, son, daughter and others—they use to receive physical care / support at the time of visiting health centres for seeking medical consultation for a variety of chronic morbidities (Table 3). Data provided in Table 3 reveals that majority of the elderly while visiting health centres for medicare to chronic morbidities did not receive any physical assistance from anybody (self). However, for some chronic morbidity like heart disease spouse use to extend such help. The role of son(s), daughter(s) and others in extending physical care and support (former

Table 3: Percentage Distribution of the Elderly who Received Physical Care & Support from Different Persons at the Time of Visiting Health Centre for seeking Medicare to Chronic Morbidities

Chronic Morbidity	Persons from Whom Elderly Received Physical Care & Support at the time of Visiting Health Centre for seeking Medicare to Chronic Morbidities										Total
	Nobody		Spouse		Son		Daughter		Others		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Lung Problem / Asthma	12	37.5	8	25.0	9	28.1	2	6.3	1	3.1	32
Diabetes	15	38.5	8	20.5	8	20.5	3	7.7	5	12.8	39
Blood Pressure	20	35.1	10	17.5	12	21.1	4	7.0	11	19.3	57
Ulcer / Gastric Problem	15	51.7	3	10.3	7	24.1	1	3.4	3	10.3	29
Rheumatism / Arthritis	247	51.4	59	12.3	118	24.5	21	4.4	36	7.5	481
Heart Disease	3	37.5	3	37.5	—	—	—	—	2	25.0	8
Skin Disease	13	52.0	3	12.0	6	24.0	2	8.0	1	4.0	25
Back pain / Slipped Disc	223	50.9	54	12.3	111	25.3	20	4.6	30	6.8	438
Dental Problem	52	63.4	9	11.0	10	12.2	4	4.9	7	8.5	82
Frailty / General Weakness	199	51.0	42	10.8	94	24.1	21	5.4	34	8.7	390
Overall Emotional Support for Selected Aspects	80	46.9	20	16.9	37	20.4	8	5.2	13	10.6	158

Note: = Not Applicable; percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

one is slightly more than the latter ones) for most of the deceases is comparatively small; though the percentage is slightly more for some deceases. As mentioned earlier, when all these aspects are pooled together (depending upon the percentage share of physical assistance / care for different chronic morbidities), for a majority of the elderly nobody provided physical care closely followed by son(s). Spouse occupies the third place, others are fourth place and daughter(s) as fifth place. The role of others in this daughter is the least. All these data clearly indicate that elderly mostly visit health centres for medicare mostly on their own without seeking physical assistance / support from anybody.

Information about whom the elderly use to receive financial assistance at the time of visiting health centres for seeking medical consultation for various chronic morbidities (Table 4). Information provided in Table 4 highlights that elderly while seeking medicare for all the chronic morbidities did not receive any financial assistance from anybody (self). As mentioned earlier, when all these aspects are pooled together for a majority of the elderly nobody provided economic support closely followed by son(s). The role of daughter(s) in this regard comes next followed by spouse and the least from others. All these Data establish that elderly mostly go for 'free treatment' or would not seek economic help from anybody. Sons(s) too are somewhat helpful in this regard. The elderly disability suffering is shown in Table 5.

Data given in Table 5 shows that slightly more than three-fourth of the elderly are suffering from memory, whereas two-third of them suffering from walking followed by nearly half of them have disabilities of vision. Around two-third are feel good from speech and above half of them feel better in hearing.

THEORETICAL APPROACH

Three conceptual aspects of exclusion of elderly people taken in the present paper help to understand the institutional disengagement approach. The three aspects are institutional care and support, participation and integration and spatial manifestation of exclusion. Institutional disengagement approach model is given in Fig. 1.

Institutional Disengagement Approach

In relation to social gerontology there is a considerable scope for exploring the connection between social exclusion and ageing. Exclusion is a form of institutional disengagement focuses on the way in which services are found to withdraw from marginal areas (Scharf *et al*., 2001). Thus, socially deprived people like elderly and the people who reside with them, may be refers to as what Gans (1972) says 'Institutional Isolation'. The present paper explores the extent to which the older

Table 4: Percentage Distribution of the Elderly who Received Financial Help from Different Persons at the Time of Visiting Health Centre for seeking Medicare to Chronic Morbidities

Chronic Morbidity	Persons from Whom Elderly Received Financial Help at the time of Visiting Health Centre for seeking Medicare to Chronic Morbidities										Total
	Nobody		Spouse		Son		Daughter		Others		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Lung Problem / Asthma	17	53.1	3	9.4	7	21.9	3	9.4	2	6.3	32
Diabetes	20	51.3	2	5.1	12	30.8	4	10.3	1	2.3	39
Blood Pressure	26	45.6	6	10.5	17	29.8	6	10.5	2	3.5	57
Ulcer / Gastric Problem	17	58.6	2	6.9	9	31.0	1	3.4	—	—	29
Rheumatism / Arthritis	260	54.1	37	7.7	140	29.1	30	6.2	14	2.9	481
Heart Disease	6	75.0	—	—	—	—	2	25.0	—	—	8
Skin Disease	14	56.0	—	—	9	36.0	2	8.0	—	—	25
Back pain / Slipped Disc	240	54.8	31	7.1	128	29.2	27	6.2	12	2.7	438
Dental Problem	51	62.2	1	1.2	18	22.0	9	11.0	3	3.7	82
Frailty / General Weakness	213	54.6	18	4.6	116	29.7	30	7.7	13	3.3	390
Overall Emotional Support for Selected Aspects	**86**	**56.5**	**10**	**5.3**	**46**	**25.9**	**11**	**9.8**	**5**	**2.5**	**158**

Note: — = Not Applicable; Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

Table 5: Percentage Distribution of Elderly by Disability Suffering

Type of Disability	Total					
	Good		Fair		Poor	
	No.	%	No.	%	No.	%
Memory	62	11.7	68	12.8	400	75.5
Vision	126	23.8	162	30.6	242	45.7
Speech	335	63.2	158	29.8	37	7.0
Hearing	292	55.1	132	24.9	106	20.0
Walking	54	10.2	108	20.4	368	69.4

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

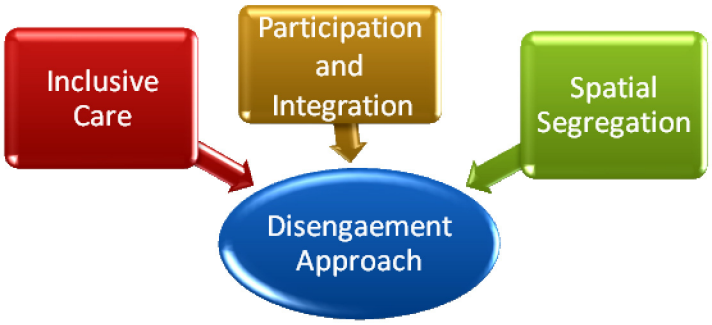

Figure 1: Institutional Disengagement Approach Model

people living in socially deprived familial condition in rural Puducherry, focusing on discourses of social exclusion. The three conceptual issues involved in the paper under institutional disengagement approach such as inclusive care and support, participation and integration and finally spatial segregation. All the three concepts are overlapping ideas and hence difficult altogether to draw a boundary line among them.

Inclusive Care and Familial Support

The components of inclusive care apply to question of access to different type of care services and the quality of dimensional services, support of informal care like emotional support and lack of power. Inclusive care describe patterns of multidimensional disadvantages enable the identification of vulnerable group in a society (Room, 1995). With regard to intensive care strong network of families, friends and neighbours are regarded as vital role for older people and have been rival to be significant sources of social integration, especially for elder people

Table 6: Percentage Distribution of the Respondents having Cordial Relationship with Family Members

Family Members	Total				
	Yes		No		No.
	No.	%	No.	%	
Spouse	244	96.8	8	3.2	252
Son	317	76.8	96	23.2	413
Daughter	345	82.7	72	17.3	417
Daughter-in-law	222	58.1	160	41.9	382
Son-in-law	269	67.8	128	32.2	397
Grandchildren	397	84.6	72	15.4	469

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

living in areas characterized by social deprivation (Scharf *et al*., 2001). The inclusive care that the elderly received basically has a link with the living arrangement of elderly. It is seen from the study that majority elderly reside with son's family, whereas only two out of ten reside with spouse and even alone. Inclusive care depends on the familial environment where the elderly are found to either provide with care and emotional support, otherwise leads to exclusion of older people. Table 10 shows the cordial relationship that the elderly received in the family where they reside.

It is seen that majority share cordial relationship with their spouse only and not with other family members. Elderly are devoid of inclusive care in terms of cordial relationship in the family, but in few cases they get support from daughter followed by son with 23 percent. However, elderly in rural Puducherry received emotional familial support as inclusive care as shown in Table 7.

Emotional support in families is an essential element for inclusive care and family support as it is seen among rural elderly in Puducherry who are suffer from lack of emotional support providers in the family and rather prefer outsiders. They like to spend time more (19 percent) in their daily life and like to speak more with other than family members (25 percent). The son and daughter in the family do not even listen to the problem of elderly, where majority elderly compliant that they do not get any support at the time of crises (29 percent) and not share happiness (37 percent). However, the spouse support plays a role to the elderly at the time of crises (24 percent) and sharing of happiness (30 percent). Nevertheless, it is seen son and daughter with 25 percent and 20 percent, respectively support to the elderly at the time of need. In future majority of the elderly want to spend with their son.

Table 7: Percentage Distribution of the Elderly who received Emotional Support from Different Persons for Selected Aspects

Selected Aspects for which Emotional Support Received	Persons from Whom Emotional Support Received for Selected Aspects by Elderly									
	Nobody		Spouse		Son		Daughter		Others	
	No.	%	No.	%	No.	%	No.	%	No.	%
Listened to Problems	193	36.4	133	25.1	96	18.1	47	8.9	61	11.5
Support at the time of Crisis	155	29.2	130	24.5	118	22.3	66	12.5	61	11.5
Sharing Happiness	198	37.4	162	30.6	74	14.0	49	9.2	47	8.9
Like to speck more	60	11.3	122	23.0	111	20.9	104	19.6	133	25.1
Daily spend time	225	42.5	136	25.7	39	7.4	28	5.3	102	19.2
Care and Support for needs	51	9.6	128	24.2	137	25.8	109	19.8	109	20.6
In future want to spend	96	18.1	122	23.0	219	41.3	59	11.1	34	6.4
Overall Emotional Support for Selected Aspects	140	26.4	133	25.1	114	21.5	65	12.3	78	14.7

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

The elderly in Puducherry receive less amount of inclusive care in family where they do not get sufficient and proper cordial and emotional support indicating exclusion to elderly people. Hence the access to resources, the availability of alternative, the power of decision making and a broad definition of ageing process have been reviled to be significant variable that must be consider in the analyse of interaction between social exclusion, the elderly and care services.

Participation and integration

Participation and integration refers to older people embededness in social network and the extent to which older people contribute to draw upon the social capital that exists in their neighbourhood. Participation and integration mainly concern issues about the involvement of older people in aspects of community life, issues of access, and other people link within family and local community. The focus can be conceived of in terms of the degree of access that older people have to different forms of social capital like civic participation, inter-personal trust (Putnam, 1995 and Coleman, 1988). Older people may well regard loss ties like telling hello has been more important than close ties (Phillipson *et al*., 2000). Such kind attitude shows the low level of integration of elderly which leads to exclusion. Table 8 shows the old people by attitude of interaction.

Table 8: Percentage Distribution of the Elderly by attitude of interaction

Interaction attitudes	Total					
	Never		Occasionally		Regularly	
	No.	%	No.	%	No.	%
Going to Religious Centre	186	35.1	338	63.8	6	1.1
Social Activities	446	84.2	79	14.9	5	0.9
Going to Recreation Centre	512	96.6	10	1.9	8	1.5
Going Outside for Relax	377	71.1	110	20.8	43	8.1

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

Elderly in rural Puducherry share certain interaction attitudes like going to religious centres, participation in social activities, going to recreation centres and relaxation. The participation and integration is found to be less in rural elderly. It is seen that majority elderly occasionally only go to religious centres (63.8 percent), more than three fourth of the elderly never involve in social activities. Moreover, one out of ten respondents is only found to go for recreation centres, whereas seven out of 10 avail the opportunity for going relaxation the situation is worst in case of female elderly. Older people participation in domestic chores is shown in Table 9.

Table 9: Percentage Distribution of the Elderly by Participation in Domestic Chores

Household Work	Total			
	Yes		No	
	No.	%	No.	%
Cooking	175	33.0	355	67.0
Shopping	236	44.5	294	55.5
Fetching Water	37	7.0	493	93.0
Schooling of Children	23	4.3	507	95.7
Cleaning the House / Surroundings	229	43.2	301	56.8

Note: Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

Nearly half of the elderly are found to share domestic chores like shopping and cleaning the house and surrounding. However, nine out of 10 respondents is found to be excluded in the share of domestic chores like fetching water and schooling of children few elderly participation in cooking. Sharing domestic chores play an important role in participation and integration which rural elderly are not provided sufficient opportunity. Table 6 shows the older people participation in selected familial activities.

Table 10: Percentage Distribution of the Elderly by their Participation in Selected Familial Activities

Elderly' Participation Selected Familial Activities	Total (N=503*)			
	Yes		No	
	No.	%	No.	%
Participation in Family Ceremonies	362	72.0	141	28.0
Consultation on Important Matters	259	51.5	244	48.5
Role in Solving Family Disputes	197	39.2	306	60.8

Note: * = Remaining 27 respondents did not have any family relation; percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

From the study it is seen more than half of the elderly are not allowed to play a role in solving family disputes, whereas only four out of ten elderly is consolidate in important family matters. However, they are participated in family ceremonies are noticed to a large extent (72 percent).

Spatial Segregation of Exclusion

Spatial segregation exclusion may also concern the way in which people familial attachment are undermined with urban and perhaps more especially, global change (Scharf *et al*., 2001). Spatial segregation is a key component of social exclusion with respect to old age which is explained in terms of segregation of mental space, narrative space, economic space and familial abuse. Older people experienced exclusion in the variety of forms of spatial segregation like, mental space, fear and uncomfortability in their homes and outside homes. The elderly suffer from mental peace where they are found to be abused in their own family. Older people facing abusive behaviour is shown in Table 11.

Table 11: Percentage Distribution of the Elderly Facing Abusive Behaviour

Facing Abusive Behaviour	Total (N=503*)	
	No.	%
Yes	143	28.4
No	360	71.6

Note: * = Remain 27 respondents did not have any family relation;
Percentages for each category of the variables have been calculated by row-wise.
Source: Primary data.

It is seen in Table 11 that in rural Puducherry some elderly in their families face abuse. Majority of them (71 percent) do not face abuse but one fourth of elderly suffer from spatial segregation through familial abuse. From the elderly who face the abuses are basically suffer from verbal abuse (81 percent) followed by lack of care / neglect, not given food and beating, respectively as shown in Table 12.

Table 12: Percentage Distribution of the Elderly Facing the Types of Abuse

Types of Abuse	Total (N=143*)	
	No.	%
Verbal Abuse	116	81.1
Lack of Care / Neglect	16	11.2
Not Given Food	6	4.2
Beating	5	3.5

Note: * = Remain 360 respondents not face abuse; Percentages for each category of the variables have been calculated by column-wise.
Source: Primary data.

Spatial exclusion is manifested in financial space where elderly are not provided with proper financial support to fulfill their requirement as found in the study. It is seen majority are dissatisfied with the financial support in the family (37 percent). Only few get financial independence in their home. Table 13 shows the overall financial situation of the elderly.

Table 13: Percentage Distribution of the Elderly Financial Situation

Financial Situation	Total	
	No.	%
Highly Satisfied	7	1.3
Satisfied	181	34.2
Neutral	81	15.3
Dissatisfied	196	37.0
Highly Dissatisfied	65	12.3

Note: Percentages for each category of the variables have been calculated by column-wise.
Source: Primary data.

CONCLUSION

Disengagement approach considers three sub parts like inclusive care and family support, participation and integration and spatial segregation of exclusion. The three sub part of the institutional disengagement approach are overlapping concepts where it can be said that lack of inclusive familial support and spatial exclusion like mental and financial agony for the elderly in the family devoid them for a satisfying participation and integration in the family. The elderly in rural Puducherry face social exclusion in different dimensions which is a relevant issue.

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